

Practitioner's Docket No. 05-640

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: ☐ original.

(check one)

☐ design.

☐ supplemental.

☒ national stage of PCT.

☐ divisional.

☐ continuation.

☐ continuation-in-part (C-I-P)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

PREPARATION IN THE FORM OF AN EMULSION

SPECIFICATION IDENTIFICATION

the specification of which:

(a) ☒ is attached hereto.

(b) ☐ was filed on _____, as Serial No. _____ and was amended on _____ (*if applicable*).

(c) ☒ X was described and claimed in PCT International Application No. PCT/EP2005/003329, filed on 30 March 2005, and as amended under PCT Article 19 on _____ (*if applicable*).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☒ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. Such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
EP	04 008 126.7	2 April 2004	YES
DE	10 2004 027 838.5	8 June 2004	YES
			YES/NO
			YES/NO
			YES/NO

POWER OF ATTORNEY

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

34704

34704

PATENT TRADEMARK OFFICE

SEND CORRESPONDENCE TO:

The above Customer Number.

DIRECT TELEPHONE CALLS TO:

Gregory P. LaPointe
(203) 777-6628 - ext. 111

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor:

Barbara Dold
(signature)

Name: Barbara Dold

Date: 2005-09-16

Country of Citizenship: Germany

Residence Address:

In der Hub 6
91336 Heroldsbach, Germany

Post Office Address: (SAME AS ABOVE)

Full name of second joint inventor, if any:

(signature)

Name:

Date: _____

Country of Citizenship:

Residence Address:

Post Office Address: (SAME AS ABOVE)

THIS DECLARATION ENDS WITH THIS PAGE.